

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$708.00 date of service 03/14/01.
- b. The request was received on 03/05/02

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and undated Statement of Disputed Issues
 - b. HCFA(s)-1500
 - c. EOB(s)
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/17/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 05/20/02. The response from the insurance carrier was received in the Division on 06/04/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Undated Statement of Disputed Issues:
"...carrier denying due to global per the 94 GSD the code is not global...carrier paid the same code on the asst [sic] surgeons bill but has denied the surgeons [sic]"
2. Respondent: Response Untimely

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/14/01.
2. The provider billed \$1,500.00 for CPT code 29879 for disputed date of service. The MAR for CPT code is \$708.00.

3. The carrier did not reimburse the provider for CPT code 29879 for disputed date of service.
4. The amount in dispute is \$708.00 for disputed date of service.
5. The carrier denied reimbursement by denial code, "UJ9 BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED. (U693)"
6. In accordance with the Global Service Data for Orthopaedic Surgery book dated 1994, CPT code 29879 is not global to the primary procedure billed. Therefore, reimbursement of \$708.00 is recommended.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$708.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.